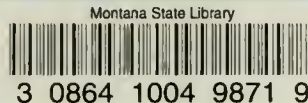


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MONTANA RESPONDS TO STD/HIV

SPG MEETING SET: July 16-17, Glasgow

NEW SEXUAL ASSAULT PREVENTION CONTRACTS AWARDED

Contracts were recently issued to several local providers for rape prevention and education, including educational seminars, operation of hotlines, training programs for professionals, informational materials and other efforts to increase awareness of the facts about sexual assault. The majority of funding requires that at least 25 percent of the funding be devoted to education programs targeted for middle school, junior high school and high school students. Some funding may also be used to provide immediate support services to survivors. The federal funding (\$156,500 in FFY99) is provided by the National Centers for Disease Control through the Preventive Health and Health Services block grant.

This years contractors include the YWCA of Great Falls, YWCA of Missoula, Butte Christian Community Center, SAVES of Lewistown, Lincoln County Women's Help Line, Violence Free Crisis Line of Kalispell, Hi-Lines Help for Abused Spouses in Conrad, District IV HRDC of Havre, Bozeman Area Battered Women's Network, S.A.F.E. in Hamilton, Sanders County Coalition for Families, Montana Coalition Against Domestic Violence, Fullpower Montana and Friendship Center of Helena, Women's Resource Center of Glasgow and Dawson County Domestic Violence Program.

If you want phone numbers for these organizations, or others in your area, you may call the Montana Hotline for Domestic Violence and Sexual Assault at 1-800-655-7987. Bruce Desonia is the MDPHHS liaison for these contracts.*

INNOVATIVE IDEA

Pizza Man Adds Free Condoms to Deliveries

Business picked up 20% for a New Jersey pizza restaurant owner after he began offering Rutgers University students a free condom with each pizza. In honor of National Condom Month, David Pinckney partnered with the Hyacinth AIDS Foundation to carry out the special for the month of February. The foundation donated the condoms "along with a small card with information on HIV/AIDS prevention." Pinckney said, "I was once a college student, and I know how every once in awhile you don't have a condom. And I know if you don't have a condom when you're already on campus, you probably won't." A spokesperson for the foundation said, "We're always looking to reach young people. This is certainly a creative way to do it."

Herbst, East Brunswick, *Home News Tribune*, 2/24/99*

CDC Study Supports Community-Based Programs

The CDC's AIDS Community Demonstration Projects Research Group found that when community members distributed "role-model stories, bleach and condoms" to individuals at high risk of HIV such as injection drug users and their partners, sex workers and "individuals in areas with high rates" of STD's--increased condom use and "higher stage-of-change scores" from using bleach to clean needles resulted. In an accompanying editorial, Jeffrey Kelley of the Medical College of Wisconsin said the results "provide evidence that HIV prevention endorsement messages, modeled and delivered in outreach fashion by members of one's own social reference peer group, can reduce risk behavior levels in community populations." He added that community-based programs will become an "increasingly important part of our repertoire of HIV

prevention approaches to reach these vulnerable populations,"

Jeffrey Kelley states, "HIV prevention ... delivered in outreach fashion by members of one's own social reference peer group, can reduce risk behavior levels in community populations."

making them an "essential public health priority." Noting that "research that supports the effectiveness of culturally tailored, small-group interventions based on social-cognitive behavior change their is now so convincing that these programs are considered ready for adoption by service providers," and could be expanded to include all STD's. Kelly, *AJPH*, March 1999*

PROSTITUTION: HIV Prevention Efforts Must Target Clients

While the high HIV and STD risk for prostitutes is well documented, a new study reveals that HIV prevention programs must also target their

clients, particularly clients of male prostitutes. A research team from Georgia State University interviewed 82 clients of male prostitutes, and 69 clients of female prostitutes to identify HIV risk factors. The team found that 36.6% of the clients of male prostitutes tested positive for HIV, compared to only 2.9% of clients of female prostitutes. Similarly, more clients of male prostitutes tested positive for syphilis and hepatitis B. Clients of male prostitutes revealed significant HIV risk factors, such as "serologic history of syphilis, serologic history of hepatitis B, receptive anal sex with a male prostitute, ever injecting drugs, ever using crack cocaine and little education." The team concluded "that it is critical that risk reduction programs be targeted to this group. Elifson, *JAIDS* and *HR*, Feb. 24, 1999*

Wyoming Rendezvous "99

The largest LGBT camping event in the Rocky Mountain Region will be held Aug 11-15, 1999, in Medicine Bow National Forest. For more information call (303) 778-7645

THE CIRCLE OF LIFE

By Larry Left Hand
Bull-Two Spirit
Outreach Worker

The Circle of Life is a concept generally understood by all Indian people of North and South America. There are many different ways that this basic concept is expressed: the four cardinal directions, the four winds, the four grandfathers, and many other relationships can be used in sets of four.

Just like a mirror can be used to see things not normally visible, behind us or around a corner, the Circle of Life can be used to help us see or understand things we can't quite see or understand because they are ideas and not

physical objects.

The circle teaches us that the four symbolic races are all part of the same human family. All are brothers and sisters living on the same Mother Earth. It teaches us that the elements, each so distinctive and powerful, are all part of the physical world. All must be respected equally for their gift of life.

The Circle also teaches us that we have four aspects to our nature: the physical, the mental, the emotional, and the spiritual. Each of these aspects must be equally developed in a healthy, well-balanced individual through the development and use of our volition.

The Circle of Life through its concepts can teach a different approach to understanding a disease such as HIV/AIDS and how to prevent and educate not only the American Indian/Alaskan Native but also other races. Although this

disease is not curable at this time, it has all possibilities of becoming controllable through prevention behavior.

American Red Cross,
"American Indians
Decision to Survive:
HIV/AIDS Program
Fundamentals, p.44*

SPECIAL FOCUS: HEPATITIS C

In the midst of both success and continued challenge in the fight to treat and prevent HIV/AIDS, another virus is now posing new challenges for public health: Hepatitis C (HCV). The CDC has estimated that nearly 4 million Americans are infected with HCV, which causes serious disease of the liver, such as cirrhosis and cancer.

Like other strains of hepatitis, HCV is a bloodborne virus. While donated blood has been screened for HCV since 1992, individuals receiving blood products before that time may have been

exposed to HCV. Injection drug users who share needles are also at high risk for infection. Currently only two drugs are approved for the treatment of HCV, and no vaccine exists.

Another challenge that HCV poses for public health is its long latency period.

HCV may not show symptoms for decades, and even HCV antibodies can take months to appear in an infected individual.

Because of the risk for injection drug users, co-infection of HCV and HIV is highly probable for that population. As a result, HCV prevention may have an important role to play in some HIV prevention programs.*

GOOD NEWS FOR PUBLIC EDUCATION IN HIV/AIDS PREVENTION

The Board of Public Education(BPE) has adopted a position statement on HIV/AIDS at its March 5,1999 meeting. The BPE was presented findings from two recent surveys; the September 1998 survey of district superintendents regarding HIV/AIDS education in Montana schools and the 1998 School Health Education Profile. Using these findings as a basis, the BPE adopted the position statement to encourage Montana schools to : 1) provide effective AIDS prevention education for all students, 2) comply with rights and accommodations of infected staff and students, and 3) provide disease prevention guidance on safety procedures for all staff.*

How and What Do Teens Think: *Doin' It Speaks Out*

Presented in this article are the information and insights gathered at the five regional gatherings of *Speaks Out*. The purpose of the conference has changed from bringing youth together and educating them, to soliciting their specific feedback on the successful and not-so-successful education strategies targeting youth. Here are their findings.

Interpretation of the Data

1. Denial is alive and well in the adolescent and adult population.

2. Youth and adults need to work together. Youth feel disrespected by adults. They want adults to work with them in grappling with the issues and helping them help their peers.

3. Schools/Administrators need to be willing to take risks. Youth are frustrated by the politics involved in the education process.

4. Effective Education.

Participants said more issues are needed to be covered and for a longer period of time. They asked for clear, correct, comprehensive and uncensored fact-based information.

5. Rural~Urban Issues.

Participants agreed that many small towns perceive themselves as being less at-risk for HIV than those youth living in the "big city." Rural agencies report that the battle to educate the general population is a challenge that often takes as much time as the actual education does.

6. Lack of Diversity

Youth acknowledge the cultural, sexual, gender and racial diversity present; however, they desire information about other youth that are different from themselves.

Needs of Youth

1. Education

Adults and young people need to be educated with accurate information about HIV/AIDS, STD's, birth control, and alcohol and drugs. Education needs to take place at all ages and during all stages of development in their lives. It needs to be CORRECT and up-to-date.

2. Peers

Peers teach more effectively. They are able to speak the appropriate language of their peer group, making the message more trusted and easier to understand.

3. Outreach

Youth identify outreach as one of the most effective ways to "get the word out" about HIV/AIDS, STD's, birth control, and drugs and alcohol. Outreach workers are flexible, gregarious teachers committed to prevention and provide education on a level that can reach everyone.

4. Respect

Youth feel they are not an integral part of society. Generally, they feel adults and institutions ignore them, patronize them, and/or try to dominate them.

Summation

Youth and adults need to work together, but adults must first respect the uniqueness of adolescence. Adults need to be allies with youth and take the risk of letting them lead when devising programs and policies which directly affect them. Young people realize what is happening to their peers and themselves, They want to work together to stop these problems.*

STD STATS THROUGH DECEMBER 1998

CHLAMYDIA GONORRHEA SYPHILIS

1412	54	0
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STD STATS THROUGH MARCH 1999

CHLAMYDIA GONORRHEA SYPHILIS

375	12	1
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For complete breakdown by county, call Terry Peterson @ 444-2678

PERSONNEL CHANGES IN THE STD/HIV SECTION

Bobbi Renner is the new Health Services Specialist and Tribal Contract Liaison. She completed her undergraduate training in Denver, then spent two years working with the chronically mentally ill. She completed a Ph.D. at the University of Arizona in Evaluation Psychology with a specialization in program evaluation for publicly funded substance abuse treatments. She was awarded a postdoctoral research fellowship at the University of Pennsylvania School of Medicine, where she conducted medication trials and helped develop evaluation instruments for drug treatment studies. She is very happy to be back in the West and looks forward to practicing her skills in an applied setting. Bobbi has relatives in Montana, Idaho, and Northern CA, and plans to make Helena her permanent home.

Aimee Saindon is the new Ryan White HIV/AIDS Treatment Coordinator. She holds bachelors degrees in psychology and nursing from Carroll College in Helena, MT. She worked for the American Red Cross as a registered nurse in Blood Donor Services prior to joining our staff. She also serves as this section's bloodborne pathogen specialist and maintains the HIV testing & prevention activity databases.

Please welcome both of these dedicated individuals to our section staff.

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AUTUMN 1999

Possible Origins of HIV?

At the 6th Conference on Retroviruses and Opportunistic Infections in Chicago in February, Dr. Beatrice Hahn and her coworkers from the University of Alabama provided convincing evidence that a particular strain of chimp SIV called SIVcpzUS, a strain which very closely resembles human HIV, could be the natural source of HIV.

It has been widely believed that the simian immunodeficiency virus (SIV) in chimpanzees was transmitted to humans. However, even newer research by Robert Garry of the Tulane Medical Center in New Orleans, challenges this popular idea. While not necessarily ruling out this theory, he certainly opens our minds to other possibilities.

The first U.S. HIV case probably dates one decade before researchers originally estimated, evolving from a less virulent form into the more infectious strain found today, according to research presented at the 11th International Congress of Virology last weekend. Robert Garry of Tulane Medical Center told conference attendees in

Sydney, Australia, that after examining the frozen tissue of a 15-year-old boy who died in 1969, researchers found that his "highly unusual" death could be linked to Kaposi's sarcoma. At the time, Garry said, the boy's physicians recognized that his death was unusual and froze tissue samples, which Garry's research team found "carried HIV antibodies."

The boy's HIV differs from current viral strains, which infect macrophages, in that it infected T-cells. That finding, Garry said, suggests that the virus was probably harbored in humans for "hundreds of years" but was not effectively spread.

"There was probably a period of HIV evolution where there were just a few strains of the virus circulating and these strains didn't change very much and they may have been very stable for many decades," Garry said. At some point, the virus mutated into the more infectious macrophage-infecting version, he said, which "pushes back at least the origins of HIV quite a

few years." Garry told conference attendees that his research "shows that the virus has probably been here for centuries, 100 years or more." The discovery stands to "rewrite the history of HIV, showing it as an entirely human virus" (Agence Free Presse, 8/11). "Some people believe the virus came from monkeys as little as 50 years ago, but if you believe the virus leapt from chimps to man in 50 years, you have to assume a very high rate of viral evolution. It's entirely possible," he

said, conceding that his may be an "extreme prediction," that "HIV is an entirely human virus, in which case the monkey virus evolved among monkeys and the human virus

evolved in humans, which would put the split between the viruses perhaps 100,000 years or more, when humans and monkeys diverged" (Sydney Morning Herald, 8/11).

(This article contains excerpts from the Kaiser Daily HIV Reports, August 13, and *Positives for Positives*, Winter 1998-99, page 1-2.)



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STATE OF MONTANA

MONTANA RESPONDS TO STD/HIV

AIDS EDUCATION: LIVE THEATER MAY BE MOST EFFECTIVE TEACHING TOOL

Live theatre may be a more effective tool than mass media or one-on-one counseling to dispel AIDS myths and convey information about transmission, according to an evaluation of audience members before and after a performance on HIV published in the June issue of *AIDS Education and Prevention*. Lead author Dr. Thomas Valente, a John Hopkins School of Public Health professor, surveyed audience members in a low-income area of Madras, India, whose understanding of HIV was mostly influenced by mass media. Sixty-five percent of those surveyed had heard about AIDS from television, while 18% said they received information from radio programs or newspapers. Respondents were presented with a series of 12 true/false questions about HIV and

AIDS and asked: "How would you treat a neighbor if you discovered he or she had AIDS?" Valente found that before watching the drama, 61% of respondents "agreed with the incorrect statement that HIV is transmitted by sharing food with an infected person," but after the two-hour play, only 8% of those surveyed agreed with that statement. Overall, watching the drama increased the audience's correct responses from 71% to 97% for true statements, and from 54% to 95% for false statements. Before the play, 29% said they would treat an HIV-positive neighbor unkindly, & .5% said they would turn that person over to the police and 18% said they would treat that person the same as everyone else. After the performance, the figures changed to

9.7%, 0%, and 50% respectively. "A community drama group is able to tailor its message to a local audience. And, unlike being counseled individually about the diseases, watching a dramatic performance about AIDS and HIV may decrease the amount of discomfort associated with the subject," Valente said (Kaiser Daily HIV/STD Reports)



The Myth of Adult Wisdom

The Myth of Adult Wisdom is often in evidence around youth-serving organizations. It is usually expressed in one of two common forms. They are: "Adults know what is best for young people."

"Young people lack the wisdom and maturity to participate in making responsible decisions about matters that affect them."

When adults make decisions, set policy, or

carry out practices that are based on either of these notions, they run several risks:

They may be moving in directions that are not relevant to the needs, informed choices, and desires of young people.

They may be creating conditions that contribute to the alienation of young people.

They are probably failing to provide young people with a valuable opportunity to make

possible contributions and to learn and grow as responsible people.

They are probably making less creative decisions than they would if they engaged young people in the process.

They fail to make use of an opportunity to enrich their own experience.

They may be wasting valuable resources that could be used more productively.

Calendar of Upcoming Events

Safer Sex Workshop in Bozeman 9/11

Contact person: Laura Mentch @587-0681

HIV + Men's Retreat 9/23-26

Contact person: David Herrera @726-6470

Gay/Bisexual Men's Health Retreat

10/1-3

Contact person: David Herrera @726-6470

October is National Family Sexuality Education Month

Kent Klindera from Advocates for Youth in Wash. DC in Glendive 10/21-22

Contact person: Connie Olson @ 377-5213

Videoconference: Antiretroviral Update 1999 10/12

Contact person: Margaret Souza @444-2675

Videoconference: STD Diagnostic & Therapeutic Dilemmas: Gonococcal & Chlamydial Infections 10/14

Contact person: Margaret Souza @444-2675

Idaho STD/HIV Conference 11/4-5

Contact phone # (208) 334-6527

World AIDS Day 12/1

Sexual Assault Prevention Contracts Awarded by Bruce Desonia

The STD/HIV Section recently issued contracts to Montana providers for rape prevention and education services including educational seminars, operation of hot-lines, training programs for professionals, informational materials and other efforts to increase awareness of the facts about sexual assault. The majority of funding requires that at least 25 percent of the funding be devoted to education programs targeted for middle school, junior high school and high school students. Some funding may also be used to provide immediate support services to survivors. The fed-

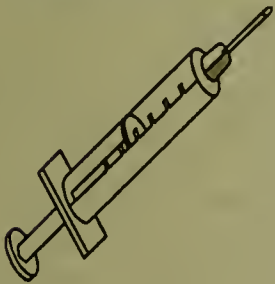
eral funding for these contracts (\$157,000) is provided through the CDC Preventive Health and Health Services block grant.

This year's contractors include the YWCA of Great Falls, YWCA of Missoula, Butte Christian Community Center, SAVES of Lewistown, Lincoln County Women's Help Line, Violence Free Crisis Line of Kalispell, Hi-Lines Help for Abused Spouses in Conrad, District IV HRDC of Havre, S.A.F.E. in Hamilton, Sanders County Coalition for Families, Montana Coalition Against Domestic Violence, Fullpower Montana,

Friendship Center of Helena, Women's Resource Center of Glasgow, Dawson County Domestic Violence Program and Advocacy and Safe Home Program in Dillon.

If you want phone numbers for these organizations or others in your area you may call the Montana Hotline for Domestic Violence and Sexual Assault at 1-800-655-7867 or Bruce Desonia at MDPHHS, who is the liaison for these contracts.

HERPES VACCINE: Offers No Protection, Some New Insights



A "once promising vaccine" for genital herpes failed in the largest efficacy study ever conducted for an STD vaccine, prompt-

ing researchers to make connections between those findings and current efforts to develop an HIV vaccine, USA Today reports. A vaccine containing surface proteins from herpes simplex virus Type 2 (HSV-2) surprised researchers by sparking antibody production but not reducing the sexual acquisition of the virus among study participants, according to a

study published in today's Journal of American Medical Association. The results came after earlier studies in animals" prompted an impressive immune response that researchers thought had a good chance of protecting people from infection with the virus" (Painter, USA Today, 7/28)

NNAAPC HONORS INDIVIDUALS AT SHARING THE VISION II CONFERENCE

JAY LAPLANTE (Blackfeet/Cree) is the former Director of the Red Talon Project at the Northwest Portland Area Indian Health Board and co-chair of this year's Sharing the Vision II Conference. Jay was a member of the National Leadership Development Workgroup at NNAAPC which served as a focus group on issues related to improving HIV prevention efforts among Native gay, bisexual men throughout the nation. Jay took

charge of leadership seriously by becoming one of the main organizers of Pathmakers, a new national gay/lesbian/two-spirit Native association. Jay is recognized for his leadership with gay/lesbian/two-spirit Native Americans.



"Elimination and Reintroduction of a Sexually Transmitted Disease: Lessons to be Learned?" AJPH (7/99) Vol. 89, No. 7, p. 995; Aral, Sevgi

In a letter to the editor, the Centers for Disease Control and Prevention's Dr. Sevgi Aral discusses the implication of recent studies on the elimination and reintroduction of sexually transmitted diseases (STDs). A recent study from Williams et al. found that between 1994 and 1997, the number of men who have sex with men (MSM) who reported unsafe sex practices grew significantly. The increase in risky sex practices may be attributed to introduction of new cohorts of young men becoming sexually active, gaps in the coverage of preventative interventions, and relapse into unsafe behaviors by those who had previously practiced safe sex. Increases in

unsafe sexual behaviors have been linked to higher incidences of STDs and HIV infections. The unsafe sex practices of MSM were determined as a key factor in the increased incidence and prevalence of syphilis in Chicago between 1997 and 1998. In San Francisco, increases in unsafe sex practices by MSM resulted in more cases of rectal gonorrhea, according to data from 1994 to 1997. Unsafe sex practices have changed the epidemiology and demographics of the disease in the regions in which they are particularly prevalent. Aral asserts that increases in risky sex between MSM underscores the need for sustained implementation of interventions at the social structure level. When reviewing risk behaviors and health outcomes for preventative strategies, it is important to consider interventions targeting transmission probability, probability of exposure, and duration of infection. Studying the

evolution of epidemics can help health workers target specific subgroups of the population. Specifically, studying STD transmission dynamics, as they evolve, may help healthcare officials create phase appropriate intervention strategies for STD prevention, Aral concludes.



RAVAIDS WEBSITE IS

#1

The council web site is listed at number 1 under multiple listings with various search engines on the internet! Congrats !!

Safer Sex Promo

CANDOMS ANYONE!! For information call 1-800-356-8212. An excellent way to promote condom use and the subject of consistent condom use!

World AIDS Day 1999 "AIDS-End the Silence: Listen, Learn, Live"

American Association for World Health has announced the theme for this year's WAD. The focus is on open communication about HIV/AIDS, especially among those under the age of 25.

Silence is Deadly!

Whether you are working with young people or older adults, you are urged to

develop programs to promote open communication about HIV/AIDS. Only free and open communication will increase awareness of prevention strategies, foster caring attitudes and help dispel

the stigma of HIV/AIDS.

Watch the mail for your flyer from the American Association for World Health on WAD 99. If you do not receive a copy, call the STD Section at 444-3565 and we'll see that you get a copy. Start planning now for your activities for this year! December 1 is a WEDNESDAY this year.

Working with people under 25 is perhaps the best hope we have today of bringing the epidemic under control."

Dr. Peter Piot, UNAIDS

SENATE PASSES WORK INCENTIVES IMPROVEMENT ACT

On June 16, the Senate passed the Work Incentives Improvement Act (WIIA) by a 99-0 vote. The bill would allow disabled individuals who return to the workforce to retain their Medicaid and Medicare coverage. For those who would make substantial incomes, modest premium payments could be paid for health benefits. In the past, people with disabilities were torn between working and keeping their health insurance. Those who did decide to return to the workforce and earned significant incomes, lost their health benefits through Medicaid and Medicare. Thus, with the new law, disabled individuals can feel more confident in securing a job. Daniel Zingale, the executive director of AIDS Action, called the passage of the bill a "huge victory"

for HIV-infected persons. Currently, Medicaid is the largest payer for HIV treatment. All states cover at least some FDA-approved prescribed drugs such as protease inhibitors and reverse transcriptase inhibitors like zidovine as well as

those drugs used for treating AIDS-related opportunistic infections. WIIA gives states the option to provide Medicaid coverage to people with asymptomatic HIV disease.



Excellent Resource Available

The National Conference of State Legislatures have compiled an excellent resource for use in STD programs. To obtain a copy of this book, **HIV/AIDS Facts to Consider: 1999** contact :

William Pound , Executive Director
1560 Broadway, Suite 700
Denver, CO 80202
(303) 830-2200

Another possible resource, not yet approved by the ARP, are two games by R & B Game and Toy Developers. One is called "Let's Rap About AIDS" and the other is "Staying Free". For more information call Howard Brass @ 306-545-0747 or email him at hbrass@cableregina.com

This item would have to go through the

Review Panel before using HIV Prevention funds to purchase, but they might be a new tool for reaching youth.

New Book from our Library
Risky Times: How to be AIDS-Smart and Stay Healthy A guide for Teenagers and parents by Jeanne Blake
Published by Workman Publishing, New York

Newly Approved Materials from the AIDS Review Panel

The AIDS Review Panel met on August 19th and approved four new materials. They include two Native American Specific materials developed by the NAAC, a poster and an informational brochure. Both are currently being produced and will be available soon. For more information about those items, call Jack Edmo @ 338-6336.

Two videos were also approved for college audiences. "Friendship in the Age of AIDS" and "AIDS, Alcohol & Sex: What We Know and What We Do". Both are produced by Real World Productions. For more information about purchasing either of these films, call them @ 612-824-7353. For information about the subject matter, call Margaret Souza @ 444-2675 or Laura Mentch @ 587-0681.



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SPG NEWS By Ernie Saxman

The Statewide Planning Group (SPG) for HIV Prevention completed another very successful Community Planning process. At their July meeting in Glasgow the SPG concurred on the 2000 Plan for HIV Prevention in Montana. This is the first time that the SPG has been able to go over the whole plan in person. They were also able to concur on the plan in person for the first time. The impression is that people emerged from the weekend feeling really good about the 2000 Plan for Montana and about community planning in general. As the epidemic continues to change and new challenges appear, this process will become even more important.

Each year brings more experience and expertise to the process of putting the Plan and the Application for funds together. If you participated in this process, give yourself a hearty pat on the

back. If you missed your chance this year, we have already begun the process for next year. Please join us. Attend a RAC or NAAC meeting or volunteer at your local health department or HIV prevention site. HIV prevention in Montana will take all our efforts in the future. Please remind people that new treatments for HIV and other developments do not mean that the time to work hard has passed. It may only be starting. It should not take the death of those we love to motivate us to participate in the prevention, control and elimination of HIV on our planet.

There were some significant changes in the Plan for HIV Prevention in Montana. The SPG prioritized the activities within each population allowing for better direction to the contractors who actually do the work. The 2000 Plan has 66 activities compared to 75 last

year. Some of the lower priority activities were not included this year. There were also some new activities, such as new retreats, that are included in the new plan. The changes in the Plan that were made should contribute to the improvement of HIV prevention in Montana.

The SPG will be making two decisions about concurrence on September 1 1999. They will decide if the Application for Funds matches the Plan for HIV Prevention and they will be deciding if the Community Planning Process followed the guidelines provided by CDC. The Application for Funds must be post marked by September 17. The STD/HIV Section is also gearing up to start the contracting process for 2000. This includes sending out the work plan checklist, finalizing new activity reports and preparing contracts.

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MONTANA RESPONDS TO STD/HIV

DECEMBER NEWSLETTER

World AIDS Day Award Recipients Honored

Eight individuals, one team, and an organization were selected to receive the Governor's Recognition Awards for World AIDS Day.

The nominees were selected on the basis of outstanding efforts in helping their communities and schools respond to the HIV/AIDS crisis in Montana.

Selected for the awards from OPI were the following:

Janell Holas - a peer educator from Glendive

Randy Ecker - a health enhancement teacher from Bridger

Montana Board of Public Education - Helena

Selected for the awards from DPHHS were the following:

Susan Plath - former director of the Yellowstone AIDS Project from Billings

Verbena Savior - a health educator with Fort Peck Tribal Health from Poplar

Representative Rosalie Buzas - a legislator from House District #65 in Missoula

Randy Chaney - volunteer with the Missoula AIDS Project from Missoula

Sister Mary Vincentia Maronick, SCL - president of AIDSpirit and Yellowstone AIDS Project volunteer from Billings

Claudia Montagne, Joe Merrifield, Jim Murphy, and Helen McCaffrey - a team of former members of the STD/HIV Section of DPHHS from Helena

This year's World AIDS Day theme is "AIDS-End the Silence: Listen, Learn, Live!" All of this year's recipients are excellent examples that a dedicated individual in a community can effect change. They

are the people who are not afraid to speak out and have the knowledge of HIV/AIDS to educate others in their communities. Changes in attitudes and norms in communities are often the most difficult to measure; however, these people are changing the way Montanans face the issues surrounding HIV/AIDS.



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Special points of interest:

- 10 Lame Reasons Not to Use a Condom
- STD's Abound
- HIV Name Reporting Update
- Need C/T Courses?

Holiday Greetings from the STD/HIV Staff

On behalf of the STD/HIV Section I would like to extend holiday greetings to all of you! We do not have the chance to express our sincere appreciation for all that you do out in the field often enough. I would like to take

this opportunity to say thank you for all of your STD/HIV Prevention efforts throughout the year. We ask you to talk about sensitive issues, sometimes go against social norms, and often times pry into clients' private lives. And we ask

you to do all of these things in the name of disease prevention.

Sally, Aimee, Ernie
Bruce, Terry, Shelley
Theresa, Bobbi,
and Margaret

Have a very
Merry Christmas
and a Happy New
Year!

Who Should Be Tested

The following are lists of persons for whom HIV testing is mandated, recommended, and appropriate from CDC.

MANDATED:

All immigrants entering U.S.
Applicants for armed services.
Inmates of federal prisons.

RECOMMENDED:

People self disclosed as "at risk."
Women of childbearing age who are at risk.
Spouses and sex or needle-sharing partners of IDU.
Women seeking family planning services.

TB patients.

Recipients of blood between 1977 and 1985.



APPROPRIATE FOR:

People with symptoms of HIV related illness.
IDU, either current or past.
Sex partners of HIV infected person.
People with multiple sex partners, past or present.
People whose partners have a

history of unsafe sexual practices with others.

People with history of STD.

Victims of rape or sexual assault.

Inmates in correctional units.

Sex partners of recipients of blood before 1985.

Pregnant women.

Newborns.

Adolescents who use drugs or are sexually active.

MSM.

Anyone else who wants to be tested....



Ten Lame Reasons Not to Use a Condom

- 1 Coming in, straight at number 1, it's: 'I don't have any diseases!'
- 2 Down one place to number 2, it's: 'I can't find one that fits.'
- 3 Still at number 3, it's: 'I have superb control.'
- 4 At number 4, the old favorite: 'Sex doesn't feel as good.'
- 5 Holding on at number 5, it's: 'Condoms cut off my circulation.'
- 6 Up one place to number 6: 'If you love me, you wouldn't ask me to.'
- 7 This one's about as lame as it gets: 'They smell terrible.'
- 8 Last week's number 6, it's: 'They spoil the mood.'
- 9 At number 9 from 'sensitive man', it's: 'I'm too embarrassed to use one.'
- 10 A new entry at number 10 for: 'I've already had and been cured of an STD, I can't catch it again!'

New Videoconference on Tape

The latest videoconference from CDC entitled, "HIV Prevention with Faith Communities and Communities of Color" is available from the STD/HIV Section. This is an excellent video, two hours in length, that gives some excellent ideas on outreach through the churches in your area. The first half of the video has interviews with

successful programs from dit-



ferent areas of the country. The second half of the video is a panel discussion with five pastors and one representative from a health department. They discuss successful ways to approach clergy to do HIV prevention and the need for such interventions. Each pastor gave ideas on how to incorporate this education into any faith environment.

Study estimates infection risks of oral, anal sex

In the first mathematical risk assessment of HIV infection, the San Francisco Department of Health's study of 1,583 men "suggests that AIDS remains a difficult disease to contract but that steps taken by some men to lower their risk are not as effective as some have hoped." When an uninfected partner engages in unprotected receptive anal course with an HIV-positive partner, "chances are 1 in 120 that he will become infected." However, oral sex, widely considered "safe," poses a one in 2,500 chance that HIV-infected semen will transmit the disease. Even condom use poses risks, as only half of the 49 men in the study group who contracted HIV reported "having unprotected sex with a partner who was either HIV positive or not known to be infected." Even more "provocative" was the study's finding that men who engaged in receptive anal intercourse with an HIV-positive partner and used condoms "were only one-third less likely to contract the virus than those who used no condoms at all."

When speaking of oral sex, Dan Wohlfeiler, a researcher at UC Berkeley School of Public Health, said. "We've always said that oral sex is lower risk but not risk-free. The odds may be 1 in 2,000 but if you have 10,000 acts going on at any one time, someone is going to draw that unlucky card." "Unprotected oral intercourse is not 100% safe, but there are ways of making it safer," said Timothy Rodrigues of the AIDS Foundation in San Francisco. "We advise people to make sure they don't have cuts or sores in their mouths, stop before the point of ejaculation, and avoid putting the head of the penis in their mouths." Given these precautions, "We'd much rather have people engaging in unprotected oral intercourse than anal intercourse, which we know has a much higher risk." The danger of labeling oral sex as "unsafe" is that some people at risk for HIV infection may abandon the idea of "safer sex" altogether and return to engaging in high-risk behaviors, he said. (Kaiser Daily)

Prison HIV/AIDS

Much More Prevalent

Prison inmates are five times more likely than non-inmates to have AIDS and 10 times more likely to have HIV, and the figures for STDs are even higher, researchers said at the HIV Prevention Conference. Only 10% of federal prisons and 5% of state prisons offer HIV prevention programs,

despite the high prevalence of HIV among prisoners who are released from jails and prisons. This means that correctional facilities are critical settings for prevention and treatment interventions for infectious disease.

CDC's Dr. Kristen Mertz said that among women entering correctional facilities in 14 cities, the percentage who had syphilis ranged from 3% to 22%. Among men, the percentage was below 9%. In juvenile detention centers 17% of the girls and 10% of the boys tested positive for chla-

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Rising Rates of STDs Among MSM

At the recent HIV Prevention Conference in Atlanta, CDC scientists expressed concern that the HIV epidemic among gay men, while once at the forefront of public discourse and individual concern, seems to have faded from widespread recognition. Rising rates of STDs among MSM should serve as a wake-up call to both the gay community

and health policy specialists. From 1997 to 1999 75% of MSM with syphilis and 18% of those with gonorrhea and chlamydia infections were also infected with HIV. The presence of an STD increases the risk of acquiring and spreading HIV 2 to 5 times, as well as indicating increased sexual risk. HIV Prevention among gay men is just as critical in

1999 as it was in 1981. We cannot afford to be complacent!



HIV Name Reporting Update by Jim Murphy

The Department of Public Health and Human Services (DPHHS) is proposing to adopt rules requiring confidential (name-based) HIV-reporting. This proposal would incorporate HIV-infection reporting into the existing AIDS surveillance system- with a few modifications to ensure the security of the information reported and the long-term protection of those reported.

The need for revisions to the HIV reporting system has been well documented. In short, as a result of new HIV therapies and their success in delaying disease progression from HIV infection to full-blown AIDS, Montana's present method of

monitoring HIV-infection through AIDS case reporting is compromised.

DPHHS proposes amending the Administrative Rules of Montana (ARM) to require confidential reporting of individuals *receiving care* for HIV infection. To help ensure that at-risk individuals continue to seek testing without confidentiality concerns, individuals testing HIV-positive at state-funded anonymous testing sites would *not* be reported under this proposal until the individual presents for medical care in a confidential setting. As a result, the state's existing network of anonymous testing sites will not be affected by pro-

posed changes in the HIV-reporting system.

The system proposed by DPHHS was developed after evaluating unique identifier (UI) and name-based systems and working with concerned individuals to explore the available options. DPHHS is confident our proposal incorporates the best features of both systems and offers an opportunity for consensus on an important and controversial topic.

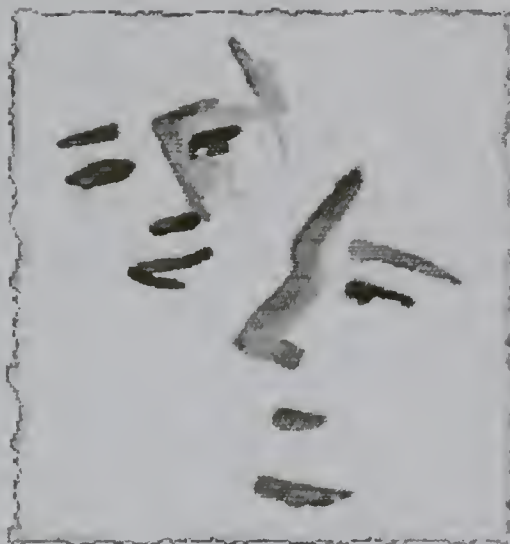
For a copy of the draft rule and information on how to provide comments contact Jim Murphy at 444-0274. Opportunities to provide comments on the proposed plan will occur during

HIV Prevention & Access to Sterile Syringes

Approximately one third of all AIDS cases and one half of hepatitis C cases are directly or indirectly linked to injection drug use. Limited access to sterile syringes contributes to the transmission of these blood-borne infections among injection drug users, their sex partners, and their children.

The US Public Health Service recommends that drug users who continue to inject use a new, sterile syringe for each injection to prevent the transmission of blood-borne pathogens. In many states, there are legal and regulatory barriers to the pharmacy sale of sterile syringes to IDU's. The

AMA, APHA, ASTHO, NABP and NASTAD have teamed up in an unprecedented cohesiveness to urge state leaders in these fields to meet, assess the situation in your state, and decide on appropriate avenues to address these public health concerns. Access to sterile needles is

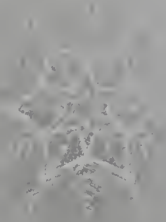


HIV Prevention Counseling Courses Needed?

Margaret Souza is currently scheduling HIV Prevention Counseling Courses throughout the state. This is the two-day course for counselors new to HIV work.

We have incorporated some new information for Partner Counseling and Referral Services (PCRS) as well as updated information on the counseling model from CDC. If you are in need of a course in your area, please call her at 444-2675. We have new trainers across the state and they are eager to get some additional HIV Counselors trained for

Montana. As soon as we know the locations where they are needed, we can set dates and get them advertised in the "monthly mailing."



Important Dates To Remember

- December 10 - SPG MetNet
- December 27 - STD Training in Cascade County
- January 10 - Quarterly Reports Due
- January 14-15 - SPG Meeting in Missoula
- January 31 - Final Bills for 1999 Due to Theresa Gruby
- March 29 - HIV Prevention Summit in LA, CA



Calendar

Working Together at the U.S. Conference on AIDS by Ernie Saxman

Montana was well represented at the recent United States Conference on AIDS in Denver with over ten people attending. It was a powerful time of education and comradeship. There were over 3000 in attendance from all over the world. The theme of "Working Together" was evident in the varied program and the international participation.

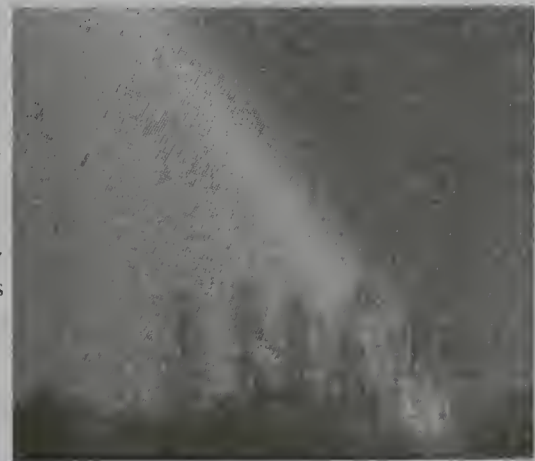
The plenary meetings were especially inspiring and moving. Dr. David Satcher, Dr. Piot from U.N.AIDS, Mr. and Mrs. Nakatani and the four African Mayors kept the whole gathering motivated and focused. The Nakatanis lost two sons to AIDS. Their message was personal and moving. Mrs. Nakatani spoke of her own

homophobia and their difficulty of coming to grips with a second son who was gay. They showed a video that Guy made as he was dying and helped us all see the need to replace fear and mistrust with understanding and compassion.

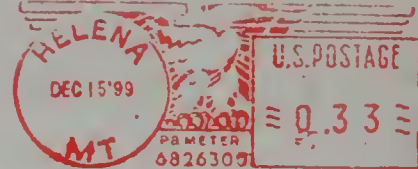
The African Mayors came from diverse parts of Africa and brought a common message of the severity of the pandemic on their continent. The statistics are unfathomable. Entire countries with 1 out of every 4 persons infected with HIV, 40 million orphans by 2010-the same number as the number of public school students in the US, 3 teacher are dying every day in one country. The life expectancy has dropped by about 20 years in much of southern Africa,

to the mid forties. The pandemic in Africa truly threatens the foundation of their cultures and governments.

The Conference ended positively with the message that if we work together to fight HIV/AIDS we can make a difference. It will take all of us to stay motivated and focus on what we can do today to help one person with AIDS or to help our society understand that our underlying homophobia is interfering with our ability to fight this crafty and insidious foe. Many thanks are due to Paul Kawata and the National Minority AIDS Council for another superb conference.



STD/HIV Prevention Section
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Helena, MT 59620



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ADDRESS CORRECTION REQUESTED

Syphilis about to be Eliminated

History is about to be made! CDC will soon embark upon efforts to lead the nation in eliminating syphilis as a public health problem (<1,000 cases nationally) in the United States by 2005. This goal cannot be achieved through traditional public health approaches alone, nor can it be achieved by the public sector alone. Many new partners, primarily those that represent and serve populations at highest risk, must be engaged in this effort. Communications to build support and to establish and maintain trust among non-traditional allies at a local and a national level will be critical.

Why is syphilis elimination in the US within our reach? Pri-

marily because syphilis is a preventable and curable STD. It is at the lowest rate ever reported and concentrated in certain pockets of the country. This is within our grasp!

One of the main reasons for us to concentrate our efforts in this area is to reduce one of the most glaring racial disparities in health in this country. There are 34 times as many cases of syphilis reported in the African American community than for white communities. There are other benefits to this cause as well,

such as to decrease the spread of HIV, improve infant health, and reduce health care costs. It will be a wonderful achievement for public health when we can say we are syphilis free! (cdc information packet on syphilis elimination)

